

1007

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS			ARIZONA STATE BOARD OF HEALTH			STANDARD CERTIFICATE OF DEATH		
1. PLACE OF DEATH						State File No. <u>69</u>		
County <u>Graham</u>			State <u>Graham</u>			Registered No. <u>60</u>		
District or Township			or Village <u>Safford</u>			or		
City <u>Salmonville</u>			No. _____			St. _____ Ward _____		
						(If death occurred in a hospital or institution, give its NAME instead of street and number).		
2. FULL NAME <u>Agapito Cordoba</u>								
(a) Residence, No. <u>Salmonville</u>			St. _____			Ward _____		
			(Usual place of abode)			(If non-resident, give city or town and State)		
Length of residence in city or town where death occurred <u>4</u> yrs. mos. ds.						How long in U. S. if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>		4. COLOR or RACE <u>Mex</u>		5. SINGLE MARRIED , WIDOWED or DIVORCED <u>Divorced</u>		16. DATE OF DEATH <u>7-11-1932</u>		
				(Write the word)		Month Day Year		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Divorced</u>						17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to <u>7/11</u> , 19 <u>32</u>		
6. DATE OF BIRTH (month, day and year) <u>Unknown</u>						that I last saw h. _____ alive on _____, 19____		
7. AGE <u>75</u>		Years		Months		and that death occurred, on the date stated above, at <u>7</u> a. m.		
						The CAUSE OF DEATH* was as follows:		
						<u>do not know</u>		
8. OCCUPATION OF DECEASED						(duration) _____ yrs. _____ mos. _____ ds.		
(a) Trade, profession, or particular kind of work <u>no</u>						CONTRIBUTORY (Secondary)		
(b) General nature of industry, business or establishment in which employed (or employer)						(duration) _____ yrs. _____ mos. _____ ds.		
(c) Name of employer						18. Where was disease contracted _____		
9. BIRTHPLACE (city or town) <u>Mexico</u>						(State or country)		
10. NAME OF FATHER _____						Did an operation precede death? _____ Date of _____		
11. BIRTHPLACE OF FATHER <u>Unknown</u>						Was there an autopsy? _____		
(State or country) <u>Mexico</u>						Was test confirmed diagnosis? _____		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>						(Signed) <u>M. E. Plata Conner</u> , M. D.		
13. BIRTHPLACE OF MOTHER <u>Mexico</u>						<u>7/11</u> 19 <u>32</u> (Address) <u>Safford Ariz</u>		
(State or country)						* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).		
14. Informant <u>Alexander Rodela</u>						19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Salmonville Ariz</u>		
(Address) <u>Salmonville Ariz</u>						DATE OF BURIAL <u>July-12th/1932</u>		
15. Filed <u>Aug-8-1932</u> <u>J. N. Stratton</u> Registrar						20. UNDERTAKER <u>Alexander Rodela</u> <u>Salmonville</u>		